



Janice K. Brewer, Governor

**State of Arizona
Naturopathic Physicians Medical Board**

1400 W. Washington Ste.300 Phoenix, AZ 85007

Phone: 602 542 8242 Fax: 602 542 8804 www.aznd.gov

APPLICATION FOR CERTIFICATE TO CONDUCT A PRECEPTORSHIP TRAINING PROGRAM
No FEE REQUIRED

This application is:

☐

Initial Application

☐

Renewal

THIS APPLICATION AND ANY INFORMATION SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. Alternative Format for Submitting Application contact the Board's Americans with Disability coordinator at (602) 542-3095, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their need known.

I read the statutory provisions of Arizona Revised Statutes, Title 32, Chapter 14, Naturopathic Medicine and I understand all of the following: This application may be denied by the Board in accordance with A.R.S. 32-1501(10).A preceptorship training program is to be conducted in accordance with the provisions of A.R.S. Title 32, Chapter 14, "Naturopathic Medicine", Section 32-1501, et. Seq.

I, _____, the Chief Medical Officer for the training named in this application, hereby make application to the State of Arizona Naturopathic Physicians Medical Board for a Certificate to Conduct a Preceptorship Training Program in Naturopathic Medicine.

Information Regarding the Chief Medical Officer and Supervising Physician

Name of Physician [CMO]: _____ License No. _____

Name of **designated** Supervising Physician: _____

Clinic Address:

Street City, State, Zip

Clinic Name: _____

Office phone number: _____ Email Address: _____

Information Regarding the Preceptorship Training Program

Name of the Program (if any): _____

Address _____
Street City State Zip

Mailing Address if Different:

Street City State Zip

Mission Statement outlining the goals of the training program: _____

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1. Name and address of each physician, Naturopathic Medical School or educational organization sponsoring this preceptorship training program: Attach additional information to this document if needed.

 2. Name and address of each facility where the training program will be conducted. Attach additional information to this document if needed.

 3. Has this preceptorship training program been approved by another state agency or by an education association? If YES, submit a copy of that agency's or association's letter or certificate of approval: ☐ Yes ☐ No

 4. List the total cost, if any, for an individual to take the training program. \$_____

 5. **I have READ and UNDERSTND** the statutory provisions of Arizona Revised Statutes, Title 32, Chapter 14, Naturopathic Medicine and I understand all of the following: This application may be denied by the Board in accordance with A.R.S. 32-1501(10).A preceptorship training program is to be conducted in accordance with the provisions of A.R.S. Title 32, Chapter 14, "Naturopathic Medicine", Section 32-1501, et. Seq.: ☐ Yes ☐ No

Print the Chief Medical Officer's Full Name: I, _____ am the Chief Medical Officer named in this application. I have read and I understand the contents of this application and the information submitted with this application. The information that is contained in or submitted with this application is true and correct and the information submitted is without fraud, deceit, misrepresentation or the mistake of another person. I authorize the Board to tape record any application interview that is conducted with me in regards to this application.

Signature of Chief Medical Officer: _____ Date: _____

"Chief medical officer" means a physician who is responsible for a clinical, preceptorship, internship, or postdoctoral training program's compliance with state and federal laws, rules, and regulations.

READ THE FOLLOWING
KEEP THIS INFORMATION FOR YOUR RECORDS
Complete information is available on our website
www.aznd.gov

32-1561. Internship, clinical fellowship and preceptorship programs; duties; prohibitions

- A. A person who is a graduate of an approved school with a degree of doctor of naturopathic medicine and who wishes to engage in an internship program, a clinical fellowship or a **preceptorship** program shall submit an application for certification as prescribed in section 32-1524.
- B. If the application submitted pursuant to subsection A of this section is approved by the board, that person may engage in a board approved internship program, clinical fellowship or **preceptorship** program under the **direct supervision** (*Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.*) of a physician licensed under this chapter or by a physician licensed pursuant to chapter 13, 17 or 29 of this title.
- C. The board by rule may prescribe naturopathic medical treatment procedures that a person who is certified under this section may perform under the **direct supervision** (*Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.*) of a physician licensed under this chapter if the board determines that these procedures:
1. May be competently performed by the graduate.
 2. Do not exceed the procedures that the supervising physician has been licensed by this state to perform.
- D. A person who is certified under this section may do clerical tasks without direct supervision if the tasks do not involve diagnosing or treating a patient's condition.
- E. If the supervising physician of a person who is certified under this section withdraws from direct supervision, the certificate to engage in the training program held by that person is automatically canceled.
- F. A person who is certified under this section shall not employ that person's supervising physician and shall not have any financial interest in any business owned by that person's supervising physician.

Furthermore I have **READ** and **UNDERSTAND R4-18-108** regarding the use of title

An UNLICENSED graduate of a Board approved school of Naturopathic Medicine who is certified by the Board to engage in preceptorship training SHALL use the designation “**(PRECEPTEE)**”*after* any of the following designations, Doctor of Naturopathic Medicine, N.M.D., Doctor of Naturopathy, N.D. Naturopath, Naturopathic Physician, or Naturopathic Medical Doctor .The PRECEPTEE SHALL also ensure that any patient treated by the preceptee **SIGNS AN INFORMED CONSENT TREATMENT FORM STATEING CLEARLY THAT THE PRECEPTEE IS UNDERGOING TRAINING, IS NOT LICENSED, AND IDENTIFYING THE NAME OF THE SUPERVISING PHYSICIAN,**

The preceptee must not in **ANY WAY** lead the public to believe that he or she is a licensed Naturopathic Physician.